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OFFICE USE

Initial Application Date_____

Application Completed_____Application #_____

C.C. By_____

D.E. By_____P&Z Module#_____

CITY OF ASHEVILLE COMMERCIAL PERMIT APPLICATION

DEVELOPMENT SERVICES CENTER 161 S. CHARLOTTE ST. ROOM A101 PO BOX 7148 ASHEVILLE, NC 28802
(828) 259-5656 WWW.ASHEVILLENC.GOV

PLEASE PRINT CLEARLY AND CHECK CORRESPONDING BOXES FOR EACH PERMIT FOR THIS PROJECT.

PROJECT LOCATION

Number _____ Direction _____ Street Name _____

Lot # _____ PIN# _____ Area of Town (circle) N S Central E W

New Owner ☐ YES ☐ NO

Property Owner _____ Mailing Address _____

City _____ State _____ Zip _____ Phone# _____

Name of Business/Lessee _____ Unit# _____

BUILDING PERMIT ☐ (3 copies of Construction Plans including Survey or Site Plan in each set)

Project Information(circle):

NewAdditionRemodelRepairsReroofMovingRepairsChange of Use

☐ Demolition

☐ Interior

☐ Entire Building

☐ Structural

☐ Non-Structural

Occupancy Type (circle) A1, A2, A3, A4, A5, B, E, F1, F2, H1, H2, H3, H4, H5, I1, I2, I3, I4, M, R1, R2, R3, R4, S2, S1

Construction Type (circle) I-A, I-B, II-A, II-B, III-A, III-B, IV-HT, V-A, V-B

Use of Property _____Property Description (circle) Owner Occupied Rental Sale # of Stories _____

Foundation Type (circle) Basement Crawlspace Slab on Grade Heating Source (circle) Electrical Gas

Change of Use ☐ YES ☐ NO Previous Use _____ If Vacant, How Long _____

Sq. ft. Heated Space _____ + Sq. ft. Unheated Space, etc. _____ = Total Sq. ft. _____

Sq. ft. of Carports, Decks, etc. _____ Sq. ft. of Renovation/Additions _____

Description of Work _____

GRADING PERMIT ☐ (# of Plans required, Reference Chart)

PLANS INCLUDE:
Sketch Plan - 1 copy less than 10,000 sq ft disturbed
Formal Plan - 3 copies when 10,000 sq ft but less than 1 acre
4 copies when 1 acre and over is disturbed

Amount of Land to be Disturbed SQ. FT _____ Acres _____

Person Engaged in or Conducting the Land Disturbing Activity Name _____

Mailing Address _____

City _____ State _____ Zip _____

STORM WATER PERMIT ☐

3 copies of plans to be submitted when land disturbance is less than 1 acre, 4 copies when land disturbance is over 1 acre
** Required if impervious surface is 50 % or more of the total development and/or the total development is over 5 acres, and/or 5,000 square feet of impervious surface is being added to an existing development.

The amount of impervious area (buildings, paved areas, etc.) after development will be SQ. FT. _____ Acres _____

The amount of pervious area (landscape, etc.) after development will be SQ. FT. _____ Acres _____

Will the Storm Water Facilities be privately maintained? ☐ YES ☐ NO

Section 7-12-2 N – UNIFIED DEVELOPMENT ORDINANCE – STATEMENT OF FINANCIAL RESPONSIBILITYErosion/Storm Water control plans may be disapproved unless accompanied by an authorized statement of financial responsibility and ownership. This statement shall be signed by the person financially responsible or his/her attorney. The statement shall include the mailing and street address of the principal place of business of the person financially responsible and of the owner of the land or their registered agents. If the person financially responsible is not a resident of North Carolina, a North Carolina agent must be designated in the statement for purpose of receiving notice of compliance or non-compliance with the North Carolina Sedimentation Pollution Control Act, the plan, this section, or rules adopted pursuant to this section and The City of Asheville’s Storm Water Ordinance.

THE UNDERSIGNED STATES THAT HE/SHE IS THE PERSON FINANCIALLY RESPONSIBLE FOR THE LAND DISTURBING ACTIVITY DESCRIBED IN THE ABOVE APPLICATION FOR GRADING PERMITS:

NAME _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

SIGNATURE _____ PRINT _____

BY (IF ATTORNEY IN FACT) _____

ZONING PERMIT ☐ (7 copies of Survey or Site Plans, Landscape Plans, Level One Fire Protection Form, Checklist of Requirements and Application for Water Service or Water Waiver.)

DRIVEWAY PERMIT ☐ (1 copy of Survey or Site Plan)

Width of driveway: _____

Corner radii: _____

Type of Drive Apron to be Constructed in Right-of-Way
(circle) CONCRETE STREET-TYPE

*Attach site plan showing proposed driveway location. Driveways shall be between 20’ and 24’ wide, and corner radii shall be 3 ½’, unless otherwise approved. Standard Detail 3.15, including a concrete apron, shall be used for all driveways unless street-type driveway has been approved. Concrete or asphalt is required to 10’ beyond right-of-way; driveway may transition to other materials past this point. For multiple driveways, attach additional copies of this page.

Permits Requested		Plans Submitted	Contractor Business Name	State License #	Cost of Work	Permit Fees
<input type="checkbox"/>	Building	<input type="checkbox"/>			\$	\$
<input type="checkbox"/>	Electrical	<input type="checkbox"/>			\$	\$
<input type="checkbox"/>	Mechanical	<input type="checkbox"/>			\$	\$
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>			\$	\$
<input type="checkbox"/>	Fire Sprinkler	<input type="checkbox"/>			\$	\$
<input type="checkbox"/>	Fire Alarms	<input type="checkbox"/>			\$	\$
<input type="checkbox"/>	Refrigeration	<input type="checkbox"/>			\$	\$
<input type="checkbox"/>	Gas Piping	<input type="checkbox"/>			\$	\$
<input type="checkbox"/>	Hood System	<input type="checkbox"/>			\$	\$
<input type="checkbox"/>	Other	<input type="checkbox"/>			\$	\$
				Total Project Cost	\$	\$
				ICC Cost	\$	
				Fire Fee		\$
				Plan Review Fee		\$
				Zoning		\$
				Grading		\$
				Storm Water		\$
				Driveway		\$
				Total Fee		\$

Owner/Agent Signature	Address		City/State/Zip
Print Name	Phone or Cell	Fax#	E-Mail Address
Architect/Designer	Address		City/State/Zip
Print Name	Phone or Cell	Fax#	E-Mail Address
Signature of General Contractor or Authorized Agent	Address		City/State/Zip
Print Name	Phone or Cell	Fax#	E-Mail Address

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Development Services Center will be notified of any changes in the approved plans and specifications for the project permitted herein.

OFFICE USE			
Zoning District _____		Building Value \$ _____	
Required Setbacks: Front _____ Right _____ Left _____		Rear _____	
Flood Plain <input type="checkbox"/> Zone _____	Overlay Zone _____	Lot Size _____	SQ FT/Acre _____
WNC AIR QUALITY Approved _____		Denied: _____ Date: _____	